MIAMI-DADE COUNTY 2010 GROUP INSURANCE BI-WEEKLY PREMIUMS

Employees With Domestic Partner Dependents and\or Overage Children *25+ to 30

NOTE: COVERAGE FOR OVERAGE CHILDREN IS *LIMITED TO MEDICAL ONLY*, AND APPLIES TO CHILDREN WHO ARE AGE 25+. ELIGIBILITY ENDS DECEMBER 31 OF THE YEAR THE ADULT CHILD TURNS 30.

AVMED MEDICAL PLANS		EMPLOYEE TOTAL DEDUCTION	PRE-TAX PORTION	POST-TAX PORTION	¹ IMPUTED BW INCOME TO EE (Subsidy)				
Code 342 Reg /341 New Execs AvMed POS									
EE + Child & DP Child (and\ or 25+ Chld)	Level 1	\$245.55	\$13.34	\$232.21	\$98.94				
EE + DP Child (and\or 25+ Chld)	Level 2	\$245.55	\$13.34	\$232.21	\$98.94				
EE + Domestic Partner	Level 3	\$295.95	\$13.34	\$282.61	\$119.26				
EE + Child & Domestic Partner	Level 4	\$511.60	\$245.55	\$266.05	\$119.26				
EE + DP & DP Child (and\or 25+ Chld)	Level 5	\$511.60	\$13.34	\$498.26	\$206.15				
EE + Child, DP & DP Child (and\or 25+ Chld)	Level 6	\$511.60	\$13.34	\$498.26	\$206.15				
EE + Spouse & 25+ Child	Level 7	\$511.60	\$295.95	\$215.65	\$98.94				
Code 344 Reg /343 New Execs AvMed High Opt HMO									
EE + Child & DP Child (and\ or 25+ Chld)	Level 1	\$154.76	\$0.00	\$154.76	\$62.36				
EE + DP Child (and\or 25+ Chld)	Level 2	\$154.76	\$0.00	\$154.76	\$62.36				
EE + Domestic Partner	Level 3	\$178.78	\$0.00	\$178.78	\$73.95				
EE + Child & Domestic Partner	Level 4	\$245.80	\$154.76	\$91.04	\$73.95				
EE + DP & DP Child (and\or 25+ Chld)	Level 5	\$245.80	\$0.00	\$245.80	\$112.91				
EE + Child, DP & DP Child (and\or 25+ Chld)	Level 6	\$245.80	\$0.00	\$245.80	\$112.91				
EE + Spouse & 25+ Child	Level 7	\$245.80	\$178.78	\$67.02	\$62.36				
Code 346 Reg /345 New Execs AvMed Low Opt HMO									
EE + Child & DP Child (and\ or 25+ Chid)	Level 1	\$145.92	\$0.00	\$145.92	\$58.38				
EE + DP Child (and\or 25+ Chld)	Level 2	\$145.92	\$0.00	\$145.92	\$58.38				
EE + Domestic Partner	Level 3	\$168.59	\$0.00	\$168.59	\$69.23				
EE + Child & Domestic Partner	Level 4	\$231.86	\$145.92	\$85.94	\$69.23				
EE + DP & DP Child (and\or 25+ Chld)	Level 5	\$231.86	\$0.00	\$231.86	\$105.70				
EE + Child, DP & DP Child (and\or 25+ Chld)	Level 6	\$231.86	\$0.00	\$231.86	\$105.70				
EE + Spouse & 25+ Child	Level 7	\$231.86	\$168.59	\$63.27	\$58.38				
JMH MEDICAL PLAN		EMPLOYEE TOTAL DEDUCTION	PRE-TAX PORTION	POST-TAX PORTION	¹ IMPUTED BW INCOME TO EE (Subsidy)				
	H High C	Opt HMO	.		•				
EE + Child & DP Child (and\ or 25+ Chld)	Level 1	\$154.76	\$0.00	\$154.76	\$57.99				
EE + DP Child (and\or 25+ Chld)	Level 2	\$154.76	\$0.00	\$154.76					
EE + Domestic Partner	Level 3	\$178.78	\$0.00	\$178.78					
EE + Child & Domestic Partner	Level 4	\$245.80	\$154.76	\$91.04					
EE + DP & DP Child (and\or 25+ Chld)	Level 5 Level 6	\$245.80	\$0.00	\$245.80	•				
EE + Child, DP & DP Child (and\or 25+ Child)	Level 7	\$245.80	\$0.00	\$245.80					
EE + Spouse & 25+ Child		\$245.80	\$178.78	\$67.02	\$57.99				
Code 350 Reg /349 New Execs EE + Child & DP Child (and\ or 25+ Child)		Opt HMO \$145.92	\$0.00	\$145.92	\$47.46				
EE + DP Child (and/or 25+ Child)	Level 1	\$145.92	\$0.00	\$145.92	\$47.46				
,	Level 2								
EE + Domestic Partner	Level 3	\$168.59	\$0.00	\$168.59	\$76.11				
EE + Child & Domestic Partner	Level 4	\$231.86	\$145.92	\$85.94	\$76.11				
EE + DP & DP Child (and\or 25+ Chld)	Level 5	\$231.86	\$0.00	\$231.86					
EE + Child, DP & DP Child (and\or 25+ Child)	Level 6	\$231.86	\$0.00	\$231.86					
EE + Spouse & 25+ Child	Level 7	\$231.86	\$168.59	\$63.27	\$47.46				

NOTE: Cannot add DP child (ren) during the year if tier level is EE + Child (pre-tax rate). Pre-tax portion cannot be changed during the year without an IRS Section 125 qualifying event.

ADP & OHS DENTAL ADP Code 386 Reg /376 New Execs OHS Code 385 Reg /375 New Execs		EMPLOYEE TOTAL DEDUCTION	PRE-TAX PORTION	POST-TAX PORTION	¹IMPUTED BW INCOME TO EE (Subsidy)
EE + DP Child - (EE+1\Std)	Level 1	\$2.60	\$0.00	\$2.60	\$0.00
EE + DP Child - (EE+1\Enr)	Level 2	\$4.69	\$1.25	\$3.44	\$0.00
EE + Domestic Partner - (EE+1\Std)	Level 3	\$2.60	\$0.00	\$2.60	\$0.00
EE + Domestic Partner - (EE+1\Enr)	Level 4	\$4.69	\$1.25	\$3.44	\$0.00
EE + Child & DP Child - (F\Std)	Level 5	\$6.09	\$0.00	\$6.09	\$0.00
EE + Child & DP Child - (F\Enr)	Level 6	\$9.80	\$1.25	\$8.55	\$0.00
EE + Child & Domestic Partner - (F\Std)	Level 7	\$6.09	\$0.00	\$6.09	\$0.00
EE + Child & Domestic Partner - (F\Enr)	Level 8	\$9.80	\$1.25	\$8.55	\$0.00
EE + Domestic Partner & DP Child - (F\Std)	Level 9	\$6.09	\$0.00	\$6.09	\$0.00
EE + Domestic Partner & DP Child - (F\Enr)	Level 10	\$9.80	\$1.25	\$8.55	\$0.00
EE + Child, Domestic Part. & DP Child - (F\S)	Level 11	\$6.09	\$0.00	\$6.09	\$0.00
EE + Child, Domestic Part. & DP Child - (F\E)	Level 12	\$9.80	\$1.25	\$8.55	\$0.00
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DELTA DENTAL	Code	EMPLOYEE	PRE-TAX	POST-TAX	¹ IMPUTED BW
389 Reg / 379 New Exec		TOTAL	PORTION	PORTION	INCOME TO EE
		DEDUCTION	ФО ОО	£14.00	(Subsidy)
EE + DP Child - (EE+1\Std)	Level 1	\$14.09	\$0.00	\$14.09	\$0.00
EE + DP Child - (EE+1\Enr)	Level 2	\$22.89	\$4.45	\$18.44	\$0.00
EE + Domestic Partner - (EE+1\Std)	Level 3	\$14.09	\$0.00	\$14.09	\$0.00
EE + Domestic Partner - (EE+1\Enr)	Level 4	\$22.89	\$4.45	\$18.44	\$0.00
EE + Child & DP Child - (F\Std)	Level 5	\$31.53	\$0.00	\$31.53	\$0.00
EE + Child & DP Child - (F\Enr)	Level 6	\$45.72	\$4.45	\$41.27	\$0.00
EE + Child & Domestic Partner - (F\Std)	Level 7	\$31.53	\$0.00	\$31.53	\$0.00
EE + Child & Domestic Partner - (F\Enr)	Level 8	\$45.72	\$4.45	\$41.27	\$0.00
EE + Domestic Partner & DP Child - (F\Std)	Level 9	\$31.53	\$0.00	\$31.53	\$0.00
EE + Domestic Partner & DP Child - (F\Enr)	Level 10	\$45.72	\$4.45	\$41.27	\$0.00
EE + Child, Domestic Part. & DP Child - (F\S)	Level 11	\$31.53	\$0.00	\$31.53	\$0.00
EE + Child, Domestic Part. & DP Child - (F\E)	Level 12	\$45.72	\$4.45	\$41.27	\$0.00
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OPTIX VISION PLAN	Code 362	EMPLOYEE TOTAL	PRE-TAX	POST-TAX	1IMPUTED BW INCOME TO EE
Reg / 363 New Exec		DEDUCTION	PORTION	PORTION	INCOME TO EE
EE + DP Child (EE+1)	Level 1	\$4.12	\$2.06	\$2.06	·
EE + Domestic Partner (EE+1)	Level 2	\$4.12	\$2.06	\$2.06	
EE + Child & DP Child (Family)	Level 3	\$7.57	\$2.06	\$5.51	\$0.00
EE + Child & Domestic Partner (Family)	Level 4	\$7.57	\$2.06	\$5.51	\$0.00
EE + Domestic Partner & DP Child (Family)	Level 5	\$7.57	\$2.06	\$5.51	\$0.00
EE + Child, Domestic Part. & DP Child (Family)	Level 6	\$7.57	\$2.06	\$5.51	\$0.00

Note: Current IRS rules do not permit pre-taxing of the portion of the premium an employee pays related to a domestic partner dependent. Employees who cover a domestic partner and/or the child of the domestic partner will have the insurance payroll deduction separated into pre-and post-tax amounts. According to IRS rules, an employee may not receive a tax advantage on any portion of the premium paid for domestic partner dependent coverage. In the Employee + Child(ren) tier, if the group includes dependent children of the employee as defined by IRS rules and also child dependents of the domestic partner, the entire premium will be considered taxable and deducted on a post-tax basis.

Since the dental and vision plans have enrollment tiers levels based on # of dependents only and not specific to dependent type (children or spouse), only the employee's premium can be carved out as pre-tax.

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¹ Federal tax laws require that the fair market value of domestic partner benefits be included in the employee's income and subject to taxes. The amount shown in the column marked "Imputed Income" becomes additional income to the employee, in accordance with IRS rules and are taxed accordingly. Consult a tax advisor on how this impacts your particular situation.